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ATTN. Michael Young Won

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FROM Volel Emile, Esq.

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SUBJECT Response to 1st Action (10/045,279)

Number of Pages 14

Date 11/7/2005

MESSAGE

This fax transmission contains:

1. one copy of a Fax Transmittal Form;
2. one copy of a Fee Transmittal Letter, without fee; and
3. one copy of the Response.

Volel

PTO/BB/21 (02-04)

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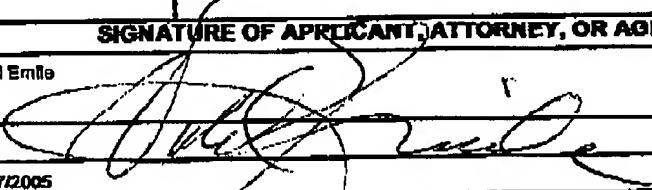
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10045278
		Filing Date	01/10/2002
		First Named Inventor	Faisal M. Awode
		Art Unit	2155
		Examiner Name	Michael Young Won
Total Number of Pages in This Submission		Attorney Docket Number	
		AU5020010874US1	

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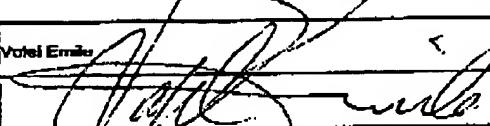
ENCLOSURES (Check off that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Volel Emile
Signature	
Date	11/07/2005

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Volel Emile	Date	11/07/2005
Signature			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form, and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DOCKET NUMBER: AUS920010874US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:
 Faisal M. Awada
 Serial No: 10/045,279
 Filed: 01/10/2002
 Title: APPARATUS AND METHOD OF
 LIMITING APPLICATION PROGRAM USAGE

: Before the Examiner:
 : Michael Young Won
 : Group Art Unit: 2155
 : Confirmation No.: 4483

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

- No additional fee is required
 The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra .	Rate	Addit. Fee
Total	20	MINUS	20	= 0	x 50 = \$ 0.00
Indep.	4	MINUS	4	= 0	x 200 = \$ 0.00
1st Presentation of Multiple Dep. Claim				x 360 =	\$ 0.00
					TOTAL \$ 0.00

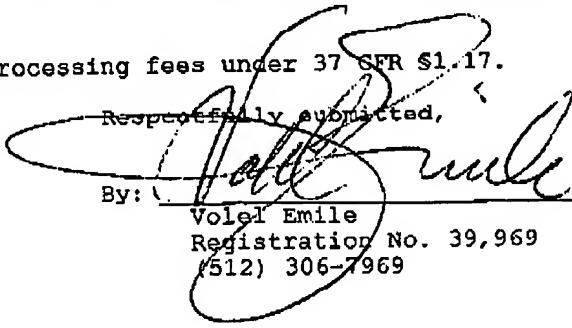
Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.
 A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR §1.17.

Respectfully submitted,

By: 

Volet Emile
 Registration No. 39,969
 (512) 306-7969

Appl. No. 10/045,279
Amdt. dated 11/07/2005
Reply to Office Action of 08/15/2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:
Faisal M. Awada :
Serial No: 10/045,279 : Before the Examiner:
Filed: 01/10/2002 : Michael Young Won
Title: APPARATUS AND METHOD : Group Art Unit: 2155
OF LIMITING APPLICATION : Confirmation No.: 4483
PROGRAM USAGE :
:

AMENDMENT A

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of August 15, 2005,
please amend the above-identified Application as shown
below and consider the following Remarks.

Changes to the SPECIFICATION begin on page 2 of this paper.
A listing of the pending CLAIMS begins on page 4 of this
paper.

Remarks begin on page 9 of this paper.

AUS920010874US1

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